DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1217-14-008**
Organization Name: **ELK HILL FARM, INC.**

Date of Inspection: **01-23-2023**
Program Type/Facility Name: **14-008 Elk Hill - Spring Garden**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. C. - The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; 6. The name of the person to whom the report was made.	NS	Elk Hill - Spring Garden This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20230002 Date/Time of Discover: 12/30/2022 6:15PM Enter Date/Time: 01/06/2023 9:55AM Reporting Delay: 135:40:00 Location Name: Elk Hill - Spring Garden Note: As this is provider's second step in the Progressive Citation Cycle for the same regulation within a one-year period, measured on a rolling basis, provider has demonstrated systemic noncompliance. Provider was previously cited for late reporting • The first citation was issued on 12/2/22 and is now a non-compliant.	PR) 01/30/2023 PR: Program Director did not enter the AWOL incident occurring on 12/30/22 into the death/serious incident until 1/6/23. The Program Director signed up to retake all of the DBHDS trainings on the CHRIS system. Program Director completed Reporting in CHRIS training on 1/17/23. The remaining trainings Restrictions, Behavioral Treatment Plans, & Regulations will be completed on 2/9/23, Investigating Abuse & Neglect will be completed on 2/21/23 and Overview of Human Rights Regulations will be completed on 3/21/23. Program Director also developed a tracking system to be completed with each incident report to ensure that late reporting does not continue to occur. Program Director will review this internal process with Residential Coordinator during monthly supervision. Residential Coordinator will ensure that Program Director takes all the training and submit CHRIS entries on time. OLR) Accepted 02/08/2023	1/30/2023

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1217-14-008**
Organization Name: **ELK HILL FARM, INC.**

Date of Inspection: **01-23-2023**
Program Type/Facility Name: **14-008 Elk Hill - Spring Garden**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

General Comments / Recommendations:

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined